Child Health and
Development Institute
of Connecticut, Inc.

TESTIMONY REGARDING H.B. 5303 March 3, 2016

Submitted to: The Committee on Children
Submitted By: **Judith Meyers**, Ph.D., President and CEO
Children's Fund of Connecticut and
Child Health and Development Institute of Connecticut

Senator Bartolomeo, Representative Urban, and other members of the Children's Committee, as President and CEO of the Children's Fund of Connecticut, a public charitable foundation and its non-profit subsidiary the Child Health and Development Institute (CHDI), I am submitting this testimony on behalf of my board and staff. Together, the Children's Fund and CHDI invest in promoting primary and preventive health and mental health care for children.

Obesity prevention in young children has been one of our key areas of investment. As you know, children who are overweight or obese often suffer from serious and costly physical and emotional health problems, which likely will continue throughout their lives. Experts agree that preventing childhood obesity requires action in a child's earliest years—from ages birth to two. Ensuring that very young children get the best nutrition possible and providing them ample time to be physically active can set them on a path to a healthy weight for life, and bring down the steep costs we pay for obesity in health care.

Based on the scientific research, consensus from a group of stakeholders in CT, and examples from other states, we have developed a set of policy recommendations (to be issued in a policy brief next week). We believe that a common sense and cost-effective place to put obesity prevention policies to work is in our child, group, and family home day care centers, which supervise more than 15,000 infants and toddlers. [1] We can make sure these centers are serving young children food that meets good nutrition standards, and giving them plenty of time to be physically active. Our recommendations below are in keeping with the proposed legislation with a few modifications, noted in bold type.

Section 1(c)

- *Child care centers can help children avoid extra, nutrition-less calories by:*
  - *serving no beverages other than breast milk or infant formula to children ages **0-11 months**;*
  - *serving no beverages other than breast milk, unflavored full-fat milk, water, and **no more than 4 ounces a day** of 100% fruit juice to children 12 months to 2 years.*

Section 3:

- *Child care centers can encourage healthy infant and toddler development by:*
  - *never placing them in front of televisions, computers, or tablets to occupy them;*
  - ***never allowing infants and toddlers to passively watch a television, computer, mobile phone, or other screen that older children in the same room are watching.***

Some of our additional policy recommendations to prevent obesity in child care settings may be worth consideration for inclusion in this bill. They include the following:

1. Increase support of breastfeeding mothers in child care centers

Preventing childhood obesity can begin with breastfeeding. Among the many ways breastfeeding benefits babies, it may protect them from developing childhood obesity, type 2 diabetes, and asthma.[2]

- *Child care centers can support and encourage mothers to breastfeed by creating a welcoming atmosphere. Specifically, the centers can:*
  - *provide a clean, private place for mothers to breastfeed or express milk, and space in a refrigerator to store it;*
  - *train their staff on ways to support breastfeeding clients and other staff, and on how to properly handle and store breast milk;*
  - *display breastfeeding promotion information in the center.*

These recommendations are supported by the Connecticut Breastfeeding Coalition and the American Academy of Pediatrics (AAP). Six states, including New York, California, and Maryland, require their child care centers to follow these policies.

2. Help child care centers follow good nutrition guidelines

Connecticut child care regulations already require centers to serve food that meets the federal Child and Adult Care Food Program (CACFP) nutrition guidelines. The guidelines call for serving more whole grains and low-sugar cereals, fewer high-sugar desserts, fried foods, and high-sodium foods, and no sugary drinks. Evidence shows that following the CACFP guidelines positively influences children's diets.[3] Many child care centers, however, do not follow the guidelines, perhaps because they are not aware of the requirement.[4]

- *Child care centers can be helped to follow these guidelines when:*
  - *center inspectors are trained to recognize whether the center is following the CACFP standards;*
  - *the child care inspection form includes a check-off point for "following the most current CACFP guidelines."*

The recommendation to follow CACFP guidelines in child care are supported by the National Resource Center for Health and Safety in Child Care and Early Education. Nearly half the U.S. states require licensed child care centers to follow CACFP guidelines.

3. Increase physical activity time for infants and toddlers in child care

Physical activity for both infants and toddlers is critical to their overall health and their ability to maintain a healthy weight as they get older.[5] Infants need "tummy time" to prepare them for sliding on their bellies and crawling; as they grow older, they need more time on their bellies to build strength. Toddlers benefit from both structured and unstructured physical activity.

- *Child care centers can help children get the activity they need by:*
  - *placing infants in a prone (on their tummies) position 2-3 times a day, for 3-5 minutes each time. The time should be increased as the infant shows enjoyment of the activity;* [6]
  - *allowing toddlers 60-90 minutes during an 8-hour day for moderate to vigorous physical activity, including running.*[7]

Similar recommendations are supported by the AAP, and the National Association for Sport and Physical Education. Connecticut would be a leader in adopting specific time requirements for infant and toddler physical activity in child care.

Please feel free to contact me if I can provide additional information. Thank you.
Judith Meyers (meyers@uchc.edu;860-679-1520).

---

[1] [1] Connecticut 2-1-1 Child Care. Child Care Availability Survey Summary by Age Group, Region, and Service Type. Fall 2014. http://www.211childcare.org/files/2013/12/2014Statewide.pdf. Accessed 2/10/2016.

[2] US Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding. Washington, DC: US Department of Health and Human Services, Office of the Surgeon General, 2011.

[3] Schwartz MB, Henderson KE, Grode G, Hyary M, Kenney EL, O'Connell M, Middleton AE. Comparing current practice to recommendations for the Child and Adult Care Food Program. *Childhood Obes*. 2015; 11(5), 491-8.

[4] Private communication, University of Connecticut Rudd Center for Food Policy and Obesity. 2015.

[5] American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for Our Children 3: National health and safety performance standards; Guidelines for early care and education programs.* 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at http://nrckids.org.

[6] American Academy of Pediatrics; Back to Sleep, Tummy to Play. https://healthychildren.org/English/ages-stages/baby/sleep/Pages/Back-to-Sleep-Tummy-to-Play.aspx. Accessed 12/12/2015.

[7] American Academy of Pediatrics, Caring for Our Children 3. Op. cit.